



**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS**

<b>IN RE:</b>	)	<b>Case No. 95-47219-H5-7</b>
	)	<b>Case No. 95-47220-H2-7</b>
<b>MCKENZIE ENERGY CORP., U.S.</b>	)	<b>Case No: 95-48397-H2-7</b>
<b>LAPLATA PIPELAND COMPANY</b>	)	<b>Case No. 95-48474-H4-7</b>
<b>HARVEN MICHAEL MCKENZIE</b>	)	<b>Case No. 95-50153-H1-7</b>
<b>TIMOTHY STEWART MCKENZIE</b>	)	
<b>STEVEN DARRYL MCKENZIE</b>	)	
	)	
	)	<b>Jointly Administered Under</b>
<u>Debtor(s)</u>	)	<b>Case No. 95-47219-H5-7</b>

# 341

Upon the application of **ADAMS & COHEN**, seeking payment of **\$16,779.26**  
representing funds previously unclaimed by

**John P. Gaylord**  
**5416 Sugar Hill**  
**Houston, TX 77056**

a creditor or debtor in the above-entitled case, and, it appearing from the application and supporting documentation that **John P. Gaylord** is entitled to the unclaimed funds, it is

**Ordered that the Clerk pay \$16,779.26 to:**

**John P. Gaylord**  
c/o ADAMS & COHEN  
9273 Collins Avenue, Suite 1109  
Miami Beach, FL 33154

Signed this \_\_\_\_\_ of JAN 09 2009

United States Bankruptcy Judge

95-47219-H5-7  
 Reviewed by: ag  
 Date: 12/22/2008

Yes No

- ☒ ☐ 1. Applicant John P Gaylord is the original claimant.
- ☒ ☐ 2. Applicant's signature is notarized.
- ☒ ☐ 3. Amount being requested is identical to the amount on deposit on behalf of original (if no, explain)

- ☒ ☐ 4. Certificate of Service on U.S. Attorney and U.S. Trustee.
- ☒ ☐ 5. Proposed Order for Payment of Unclaimed Funds.

**Individual Claimant (without representation):**

- ☐ ☐ a. Current photo identification issued by a government agency (copy of current driver's license or passport for each claimant).
- ☐ ☐ b. Include legible copies of supporting documents establishing the address of record at time of the other utility bill.
- ☐ ☐ c. If claiming on behalf of a deceased party, please include a copy of:
- ☐ ☐ 1. A death certificate;
- ☐ ☐ 2. Appropriate probate documents which substantiate applicants right to act on behalf of decedent's estate.

**Active Corporation:**

- ☐ ☐ a. Current franchise tax corporate status in state of incorporation;
- ☐ ☐ b. A current list of officers and directors;
- ☐ ☐ c. Copy of Articles of Incorporation, Article of Merger or Successor Corporation, etc.;
- ☐ ☐ d. An imprint of the corporate seal;
- ☐ ☐ e. Business card reflecting claimants' name, officer or representative's name and title attached to company letterhead stationery;
- ☐ ☐ f. A photocopy of representative's identification credentials.

**Inactive Corporation:**

- ☐ ☐ a. Current franchise tax corporate status in state of incorporation;
- ☐ ☐ b. A final list of officers and directors;
- ☐ ☐ c. Copy of Articles of Incorporation, Articles of Merger or Successor Corporation, etc.;
- ☐ ☐ d. Articles of Dissolution;
- ☐ ☐ e. Date and list of final distribution of assets.

**Sole Proprietorship:**

- ☐ ☐ a. Documents substantiating the identity of the sole proprietor and the name under which the business was conducted;
- ☐ ☐ b. Documents showing business address at the time of the bankruptcy case (copy of invoice, a sales tax permit, business license).

**Partnership:**

- ☐ ☐ Written documentation from all partners authorizing the representative to claim the funds on their behalf.

**Claimant Represented by Funds Locator:**

- ☒ ☐ a. An original power of attorney with notarized signature;
- ☒ ☐ b. Specific claimant entity requirements as previously described.

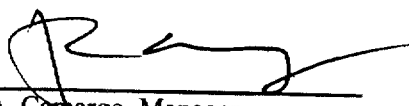
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 )  
 ) Jointly Administered Under  
 ) Case No. 95-47219-H5-7  
Debtor(s) )

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS  
AND CERTIFICATE OF SERVICE

1. ADAMS & COHEN, Attorney -in-Fact for John P. Gaylord hereby petitions this Court for \$16,779.26 being held in the Registry of the Court as unclaimed funds for the original creditor, John P. Gaylord.
2. Applicant is entitled to receive the requested funds, has made sufficient inquiry and has no knowledge that any other party may be entitled to, and is not aware of any dispute regarding the funds at issued based upon the following:  
  
The Applicant is the Attorney-in-Fact for the creditor/ debtor named in paragraph 1, with authority to receive such funds, or who is authorized by the attached original Power of Attorney to file this application on behalf of the creditor/ debtor, John P. Gaylord.
3. I understand that pursuant to 18 U.S.C. § 152, I could be fined no more than \$5,000 or imprisoned not more than five years, or both, if I have knowingly and fraudulently made any false statements in this document or accompanying supporting documents. I further understand that any indications of fraud detected by the Court will be turned over to the U.S. Attorney for possible prosecution.
4. I declare under penalty of perjury under the laws of the United States of America that the foregoing statements and information are true and correct.

Dated: 12-15-08

  
Jairo A. Camargo, Manager  
ADAMS & COHEN  
9273 Collins Avenue, Suite 1109  
Miami Beach, FL 33154  
(888) 978-9990

Subscribed and Sworn before me this 15th of DECEMBER, 2008

  
Notary Public, State of Florida

My Commission Expires:



Arlenys B. Alba  
COMMISSION # DD665304  
EXPIRES: MAY 13, 2011  
WWW.AARONNOTARY.com

**Attachments:**

- (1) Power of Attorney
- (2) Claimant's Texas Driver License
- (3) Proof of Court address

**CERTIFICATE OF SERVICE**

I certify that on 12-15-08, a true and correct copy of this application for payment of unclaimed funds and its attachments was served by first class U.S. Postal Service on the following:

U.S. Attorney  
P.O. Box 61129  
Houston, TX 77208

U.S. Trustee  
515 Rusk Avenue, Suite 3516  
Houston, TX 77002

  
Jairo A. Camargo

**ADAMS & COHEN**  
9273 Collins Avenue, Suite 1109  
Miami Beach, FL 33154  
Attorney-in-Fact for Claimant

**LIMITED POWER OF ATTORNEY**  
(For one transaction only)

I, **John P. Gaylord**, do hereby grant to **ADAMS & COHEN**, my sole true and lawful attorney-in-fact for me and my name, place and stead, giving unto my attorney-in-fact full power to do and perform, on an exclusive basis, all and every act not constituting the practice of law that I may legally do through an attorney-in-fact, for the following **limited purpose only and for no other:**

To reclaim, recover, and return unclaimed funds in the amount of \$ 16,779.26.

**This Limited Power of Attorney is specifically limited to the collection and disbursement of the above named funds and not valid for any other purpose. It shall expire upon completion of this collection.** I authorize the use of a photocopy of this Power of Attorney, in lieu of the original.

I do hereby certify that the foregoing is true and correct.

John P. Gaylord  
Signature

**NOTARY ACKNOWLEDGMENT**

State of TEXAS County of HARRIS

SUBSCRIBED AND SWORN on the 11<sup>th</sup> day of December, 2008 before me, personally appeared John P. Gaylord, personally known to me or proved to me on the basis of satisfactory evidence (see identification below) to be the person whose name is subscribed to within instrument and acknowledgment to me, that they executed the same in their authorized capacity, and that by their signature on the instrument the person or their entity upon behalf of which the person acted executed the instrument.

Identification for the above named was Drivers License (or other identification): TDL 06504639

WITNESS my hand and official seal,

Signature Janel N. Goodwin  
Notary Public

My commission expires: 4-28-2010

